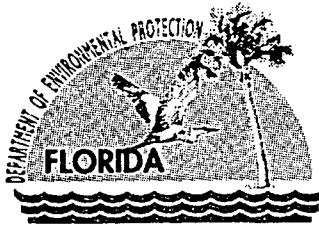


Fees Paid 96-01

SOC 6

Compliance IV



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

October 11, 2002

Mr. Sung Yol Lee
A-1 Cleaners
795-A Blanding Boulevard
Orange Park, Florida 32065

Re: Facility No.: 0190048-002

Dear Mr. Lee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 2002.

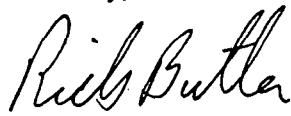
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Rick Banks, Northeast District

"More Protection, Less Process"

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**PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM**

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Sung Yol Lee
2. Site Name (For example, plant name or number): A-1 Cleaners
3. Hazardous Waste Generator Identification Number: 0190048
4. Facility Location: Street Address: 795-A Blanding Blvd. City: Orange Park County: Clay Zip Code: 32065
5. Facility Identification Number (DEP Use ONLY - do not fill in) <div style="text-align: center; font-size: 2em; font-weight: bold;">0190048-002</div>

Responsible Official

6. Name and Title of Responsible Official: Name: Sung Yol Lee Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 795-A Blanding Blvd. City: Orange Park County: Clay Zip Code: 32065
8. Responsible Official Telephone Number: Telephone: (904) 272 - 4974 Fax: (904) 276 - 2787

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Same as above
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

RECEIVED
SEP 09 2002
Bureau of Air Monitoring
& Mobile Sources

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>5-18-1995</u>	Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	<u>SAME</u>
<u> </u>	Existing/ <input type="radio"/> New	RC/CA/None required	<u> </u>
<u> </u>	Existing/ <input type="radio"/> New	RC/CA/None required	<u> </u>

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u> </u>	Existing/ <input type="radio"/> New	RC/CA/None required	<u> </u>
<u> </u>	Existing/ <input type="radio"/> New	RC/CA/None required	<u> </u>
<u> </u>	Existing/ <input type="radio"/> New	RC/CA/None required	<u> </u>

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
(Indicate with an "X". Select one classification only.)

Small Area Source

~~Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)~~

Transfer only on-site (used less than 200 gallons of perc per year)

Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)

Transfer only on-site (used 200 - 1,800 gallons of perc per year)

Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt **OR**
No such units on-site

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 15

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

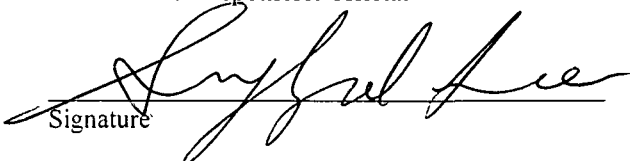
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

SUNG YOL LEE
Print name of responsible official


Signature

8-15-02
Date

DC	05-Nov-97	Pending	0250889
DC	05-Nov-97	Pending	0250888
DC	05-Nov-97	Pending	Inactive
DC	05-Nov-97	Pending	0250895
DC	05-Nov-97	Pending	Inactive
DC	05-Nov-97	Pending	0250875
DC	05-Nov-97	Pending	Inactive
DC	05-Nov-97	Pending	Inactive
DC	05-Nov-97	Pending	0250915
DC	05-Nov-97	Pending	0250897
DC	05-Nov-97	Pending	0250898
DC	05-Nov-97	Pending	Inactive
DC	05-Nov-97	Pending	Inactive
DC	05-Nov-97	Pending	0250901
DC	06-Nov-97	Pending	0250352
DC	10-Nov-97	Pending	0310432
DC	10-Nov-97	Pending	0112388
DC	12-Nov-97	Pending	1170358
DC	13-Nov-97	Pending	0010105
DC	13-Nov-97	Pending	0010106
DC	13-Nov-97	Pending	0010107
DC	14-Nov-97	Pending	0250928
DC	14-Nov-97	Pending	250926
DC	14-Nov-97	Pending	Inactive
DC	14-Nov-97	Pending	0250937
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DC	14-Nov-97	Pending	0250939
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DC	24-Nov-97	Pending	1150095
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DC	01-Dec-97	Pending	0310435
DC	14-Nov-97	Pending	0250934
DC	01-Dec-97	Pending	Inactive
DC	01-Dec-97	Pending	0310441
DC	01/12/1997	Pending	0990527
DC	08-Dec-97	Pending	0310436
DG	05-Dec-97	Pending	Inactive
DC	04-Dec-97	Pending	0112390
DC	04-Dec-97	Pending	0951174
DC	05-Dec-97	Pending	1030408

AV 276 AIR03
Asbestos Activity

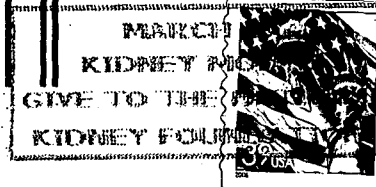
winsub-
12592862-1180
evaluate express.com

TYPE	DATE RECEIVED	Status(P,E,I,D)	AIRS ID
DC	19-Aug-96	Inactive	0571038
DC	19-May-97	Pending	0210074
DC	22-Aug-96	Pending	1030307
DC	28-Aug-96	Pending	0990412
DC	3-Sept-96	Inactive	0010098
DC	03-Sep-96	Pending	0250751
DC	26-Aug-96	Inactive	0150060
DC	19-Aug-96	Inactive	1170062
DC	30-Aug-96	Pending	1270122
DC	26-Aug-96	Pending	0990412
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DC	31-Jan-97	Inactive	0112359
DC	15-Aug-96	Pending	0990377
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DC	16-Apr-97	Pending	0571137
DC	12-Sep-96	Inactive	0830115
DC	06-Sep-96	Pending	0112310
DC	3-Sept-96	Pending	0112291
DC	15-Aug-96	Pending	0112213
CR	14-Aug-96	Pending	0250703
DC	16-Aug-96	Pending	0112217
DC	23-Sept-96	Inactive	0571098
DC	23-Sept-96	Inactive	0571094
DC	17-Feb-97	Inactive	0330244
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DC	26-Aug-96	Pending	0112252
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DC	30-Aug-96	Pending	0810178
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DC	09-Aug-96	Inactive	0250695
DC	14-Aug-96	Pending	0990372
DC	17-Feb-97	Inactive	0330242
DC	12-May-97	Pending	0112374
DC	30-Jul-96	Pending	1110075
DC	07-Aug-96	Pending	0610067
DC	07-Aug-96	Pending	0090142
DC	09-Sep-96	Pending	1150084
DC	3-Sept-96	Inactive	0310384
DC	15-Aug-96	Pending	0571033
DC	19-Jun-97	Inactive	1010356
DC	04-Jun-97	Pending	0250823
DC	10-Feb-97	Pending	0990482
DC	21-Apr-97	Inactive	0990482
DC	27-Jun-97	Inactive	1050307
DC	10-Sep-96	Pending	0190048
DC	05-Sep-96	Pending	0250757
DC	30-Aug-96	Inactive	1010339
DG	04-Sep-96	Pending	0250749
DC	16-Sep-96	Inactive	0210068

A-1 Cleaners
795-A Blanding Blvd
Orange Park Fl 32067

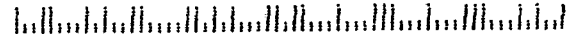
JACKSONVILLE FL 322

14-MAR 2007 PM 2 L



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315-3070 8098



471109 MAR162007

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID#190048
A-1 CLEANERS
795-A Blanding Blvd
ORANGE PARK, FLORIDA 32073



UNITED STATES AIR MAIL
Mobile Source
MAR 20 2007

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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446256 FEB142005

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TOTAL AMOUNT DUE: \$75.00

Bureau of A. I. W.
& Mobile Sources

FEB 16 2005

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AIRS ID# 190048 1stC
A-1 CLEANERS
795-A Blanding Blvd
ORANGE PARK, FL 32073

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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460230 MAR 27 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 190048 1st
A-1 CLEANERS
795-A Blanding Blvd
ORANGE PARK, FL 32073

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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FUND: 20-2-035001
OBJECT: 002273

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Restricted Delivery Fee (Endorsement Required)		

2nd Ct
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2003

AIRS ID # 190048

Total **SUNG LEE**

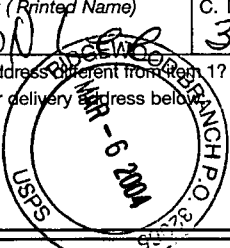
Sent To **A-1 CLEANERS**

Street, or PO **795-A BLANDING BLVD**

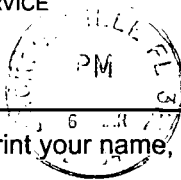
City, St **ORANGE PARK, FL 32073**

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 7757

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Sung Lee</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Sung Lee</i> <i>3/6/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: right;">AIRS ID # 190048</p> <p>SUNG LEE A-1 CLEANERS 795-A BLANDING BLVD ORANGE PARK, FL 32073</p> </div>	<div style="text-align: center; margin: 10px 0;">  </div> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">7003 0500 0004 0144 7757</p> </div>	

UNITED STATES POSTAL SERVICE



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USPS
Permit No. G-10

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DEFACTO MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2000 DEER STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 8 2004

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32399/2400





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440020 JUN 8 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

190048
 SUNG LEE
 A-1 CLEANERS
 795-A BLANDING BLVD
 ORANGE PARK FL 32073

FOR GOVERNMENT USE ONLY
 Org.: 3755010100 FEO: AT
 Fund: 20-2-03500
 Obj.: 002273



Bureau of Air Monitoring
& Mobile Sources

JUN 14 2004

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OFFICIAL USE

Postage	\$	Postmark Here
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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage: AIRS ID# 190048 1stC
 A-1 CLEANERS
 795-A Blanding Blvd
 ORANGE PARK, FL 32073

Sent To: _____
 Street, Apt. No. or PO Box No. _____
 City, State, Zi. _____

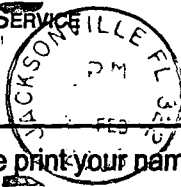
PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 3585

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">AIRS ID# 190048 1stC A-1 CLEANERS 795-A Blanding Blvd ORANGE PARK, FL 32073</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>John Lee</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="margin-left: 40px;"><i>SOON LEE</i> <i>2/7/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number _____ (Transfer from service label)</p>	<p>4. Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7004 2510 0002 3939 3585

UNITED STATES POSTAL SERVICE



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Permit No. G-10

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BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2005

RECEIVED

32399+2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443678 DEC 27 2004

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 190048 10
A-1 CLEANERS
795-A Blanding Blvd
ORANGE PARK, FL 32073

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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RECEIVED
DEC 27 2004
Bureau of Air Monitoring
Mobile Sources

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

ER54 9552 1000 04TT 1002
 7001 1140 0001 7556 4583

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Handwritten: 5/3/04
 Postmark Here

Total F AIRS ID # 190048
Sent To A-1 CLEANERS
Street, or PO B SUNG LEE
 795-A BLANDING BLVD
City, St ORANGE PARK, FL 32073

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece; or on the front if space permits.

1. Article Addressed to:

AIRS ID # 190043
 A-1 CLEANERS
 SUNG LEE
 795-A BLANDING BLVD
 ORANGE PARK, FL 32073

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Sung Lee* Agent Addressee
 B. Received by (Printed Name) *Sung Lee* C. Date of Delivery *5/3/04*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7001 1140 0001 7556 4583

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
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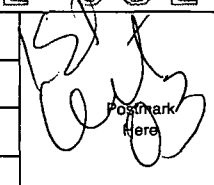
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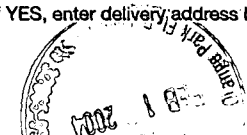
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